

State of Alabama
Unified Judicial SystemForm C-10
Page 1 of 2

Rev. 2/95

**AFFIDAVIT of SUBSTANTIAL
HARDSHIP and ORDER**

Case Number

1:07-CV-959-MHT

RECEIVED

IN THE _____ COURT OF _____ ALABAMA
(Circuit, District, or Municipal) A-10: 02
(Name of County or Municipality)STYLE OF CASE: Angela Denise Nails v. Houston County Clerk's
Plaintiff(s) Defendant(s)TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.**AFFIDAVIT****1. IDENTIFICATION**Full Name Angela Denise Nails Date of Birth Jan 8, 1961

Spouse's Full Name (if married) _____

Complete Home Address 116 East Street #46 Carrollton, Alabama 35447Number of People Living in Household 3Home Telephone No. 205 367-1123Occupation/Job None Length of Employment None

Driver's License Number _____ * Social Security Number _____

Employer None Employer's Telephone No. NoneEmployer's Address None**2. ASSISTANCE BENEFITS**

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC
 ☐ Food Stamps
 ☐ SSI
 ☒ Medicaid
 ☐ Other _____
3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income

Spouse's Monthly Gross Income (unless a marital offense)

Other Earnings: Commissions, Bonuses, Interest Income, etc.

Contributions from Other People Living in Household

Unemployment/Workmen's Compensation,

Social Security, Retirement, etc.

Other Income (be specific) Pell Grant 4 monts\$75.00 Each month**TOTAL MONTHLY GROSS INCOME**\$ 852.0075.00\$ 927.00

Monthly Expenses:

A. Living Expenses

Rent/Mortgage

Total Utilities: Gas, Electricity, Water, etc.

Food

Clothing / Household

Health Care/Medical

Insurance

Car Payment(s)/Transportation Expenses

Loan Payment(s)

\$ 39.56250.0025.0050.0078.57902.70

* OPTIONAL

Form C-10 Page 2 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number
--------------------------	--	-------------

Monthly Expenses: (cont'd from page 1)		
Credit Card Payment(s)		0
Educational/Employment Expenses		0
Other Expenses (be specific) <u>Auto Warranty \$98.86</u>		<u>\$166.86</u>
<u>Postage \$16.00</u> <u>telephone bill \$40.00</u> <u>Cable \$22.00</u>		
Sub-Total		A \$1091.93
B. Child Support Payment(s)/Alimony		\$ 0
Sub-Total		B \$ 0
C. Exceptional Expenses		\$ 0
TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)		\$1091.93

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ -144.93

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ 84.00

Equity in Real Estate (value of property less what you owe)

0

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

0

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
(land, house boat, TV, stereo, jewelry)If so, describe 32" Sanyo Color Television**TOTAL LIQUID ASSETS**\$ 84.00**5. Affidavit/Request**

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

1st day of Oct., 19 2007Emma Lark

Judge/Clerk/Notary

Angela Denise Nails
Affiant's Signature
Angela Denise Nails
Print or Type Name

SECTION II.**ORDER OF COURT**

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
- ☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

- ☐ Affiant is indigent and request is GRANTED.
- ☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

Judge